

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005557

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 220

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 31 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If outside, give location) 2210 Agency Road	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CLARA Middle BAKER Last BAKER		4. DATE OF DEATH Month February Day 20 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/13/1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Doctors Office	
11. BIRTHPLACE (City and state or country) Colorado Springs, Colo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Wimsatt		13b. MOTHER'S MAIDEN NAME Amanda Block	
14. NAME OF HUSBAND OR WIFE Walter R. Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Ruth Merritt, 2721 Merriott Dr.		Address St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 2 weeks years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) multiple past cerebrovascular accidents		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 a. Month, Day, Year 2/20/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	
20g. COUNTY Mo.		20h. STATE Mo.	
21. I attended the deceased from 1957 to 2/20/62 and last saw her alive on 2/19/62 Death occurred at 5:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald Stallard, M.D.		22b. ADDRESS 902 Edmond	
22c. DATE SIGNED 2/21/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/22/1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Heston Bowman		25. DATE RECD. BY LOCAL REG. Feb 23 1962	
26. REGISTRAR'S SIGNATURE Mrs. Clark Stodolly			

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spaulding

Licensed Embalmer No. 45355

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.